

Complaints Managers Governance and Learning Forum

Minutes from Complaints Managers Governance and Learning Forum, Monday, 16th April 2018

Welcome: The Assistant National Director, National Complaints Governance and Learning Team (NCGLT), opened the meeting by welcoming everyone present and asking people to introduce themselves.

1. Minutes from last meeting

Minutes were agreed.

2. Matters arising:

(a) Numbers of Complaints Officers

The numbers of Complaints Officers have been reduced from 950 to 400.

3. Update on Complaints Management System

NCGLT gave a presentation updating everyone on the Complaints Management System and also reminded people to ensure that they have copies of delegation orders for the Complaints Officers using the system.

In relation to Q1, it is clear that the CMS is not being utilized to the degree that it should be. People are logging complaints retrospectively and this means live data is not being captured. If people have to input in this way, it should only be 5 – 7 days retrospectively. There are 30% less complaints entered this year for the same period last year.

Last year, we had 20,381 complaints and our KPI for dealing with complaints in the thirty day time frame was 76% which is an improvement. Voluntary hospitals and agencies had 11,356 and their KPI was 85%. There were 744 Assessment of Need complaints with a high carry over from the previous year. There is an issue with Assessment Officers. There is an eight month delay in dealing with these complaints. This information has never previously been reported to CHO's. Complaints go directly to the National Disabilities Office. 101 reviews were reported. 48 recommendations were made, 30 of which have been implemented or in progress. Reviews go through Complaint Managers. 80% were addressed within 30 working days so there are high levels of compliance. There is a reduction in complaints from 2016 to 2017 which could be as a result of better identification of what is to be returned or simply that there is a real reduction. Access, Safe and Effective Care, Communication etc were the biggest categories.

Lists of current users of the system for each area is being sent to Complaints Managers today and we are asking people to review this list and let us know if the users on it are active and still require access to the system. If not, licences will be revoked and given to people who need them. Individual letters are going to the Chief Officers, CEO's etc.

There are issues around locations. CHO areas are more difficult than HGs. If someone requests a high level of location, a higher level of authority is needed for sign off. The idea of a centralized inputting place was mentioned but this would not work well where locations are posing a problem for set up. However, this is working well for National Ambulance. There are also issues about naming the correct people for training and also account set ups. By the time people are set up on the system, they need to be retrained.

It was mentioned that some Complaints Officers resolve complaints informally in the Patient Services Office and there could be a difference in the figures. All complaints examined by Complaints Officers should be logged on CMS.

There was a discussion around incidents tab and the SCA are to look at this.

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Action: FAQ to be developed in relation to queries resulting from CMS Training. Queries in relation to the users report to be directed to NCGLT.

4. Update on Unreasonable Behaviour by Complainants, NCGLT

The policy is currently being finalized. Guidance is also being developed. Drafts should be ready in September/October.

The idea of setting up a mini steering group from the UCB group for complex cases where complaints escalate and/or are unreasonable in nature was discussed. The lack of authority given to staff at a lower level to resolve things can be an issue and frustrates the system. The focus should not be on complex cases only. Complaints have the potential to become complex if they are not investigated properly in the beginning. At the last meeting, three examples of complaints in relation to this were given but they just happened to be unreasonable as well as complex. Complex complaints are sometimes contained within unreasonable complaints too. The UBC policy will be seen as Option B if Option A, which is the YSYS Policy, isn't adhered to.

Action: Draft to be sent to people who had originally put their names forward for this group.

5. Complaint Case Study Presentation: National Ambulance Service (NAS)

The NAS did a presentation on how their service looks at complaints and how complaint issues have changed – attitude versus resource as well as the impact that external factors have on their complaints.

6. CMGLF issues

(a) Delegation Orders Guidance

This was sent to the National Delegations Office. Version 4 is the new correct delegation order form for Complaints Officers. The one that was previously issued for Review Officers was correct.

The NCGLT are currently seeking copies of delegation orders for the Complaints Officers who are accessing the CMS as this is essential for governance as it would also be something that the Ombudsman would be looking for. Each Chief Officer and CEO should be aware of who they have delegated as we need to build on the expertise that we have. We are also seeking copies of delegation orders for Review Officers.

The question arose as to where they are held currently and where they should be held going forward. It was suggested that delegations for Review Officers be at CEO level and at Hospital Manager level for Complaints Officers. Original delegation forms should be kept by Complaints Officers and Review Officers and copies to be sent to Consumer Affairs, NCGLT, National Delegations Office and either the Chief Officer or CEO. This information can be put into the guidance. There can be no group delegations due to Data Protection. Going forward, nobody will be set up on CMS without either a delegation form if the person is a Complaints Officer or a Memorandum of Understanding if they are support staff. Delegations are being sought retrospectively for people that are up on the system already. The Hospital Group CEO can't delegate for Voluntaries.

Action: Check delegation regarding voluntaries and update guidance.

(b) Learning Guidance

The various forms that have been developed were discussed.

- POC Resolution Form – This is to be completed by any staff member who has resolved a complaint at point of contact. The original form that had been created was changed as it failed to meet all reporting requirements for HIQA. The three main changes are:

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- (1) Complainant Details
- (2) Is any part of this complaint reportable?
- (3) Any actions taken?
- (4) Was the complainant satisfied?

It was highlighted that the filling out of these forms may cause some issues for CHO areas. The importance of completing these forms should be captured in staff awareness sessions and in staff induction pieces. It is also the responsibility of line managers to explain this to their staff. This anonymised form should be given to line managers so that they can identify trends and share any learning.

- POC Complaint Escalation Form – This is to be completed by line managers who are unable to resolve a complaint at point of contact. They retain a copy for their own records and original is sent to the Complaints Officer. This form is not anonymised.
- Learning Notification Form – This is to be completed by Complaints Officers and Review Officers only if learning has been identified from a complaint resolved informally or after a formal investigation. This anonymised form is sent to the relevant Complaints Manager who will circulate as appropriate to the various service areas. A link between QPS and the Learning Notification Form was mentioned and also the piece of work with Price Waterhouse Cooper.
- Learning Summary Casebook – One is for completion by Complaints Officers at the end of each quarterly reporting period to highlight learning from complaint investigations that have relevance for the organisation. It should be sent to the relevant Complaints Manager to circulate but it is not for publication. One is for Complaints Managers to complete at the end of each quarterly period to highlight learning generated following receipt of Learning Notification Forms from Review Officers and Learning Summary Casebooks from Complaints Officers. Complaint Managers will share these at the Complaints Governance and Learning Forums. The anonymised Casebooks developed will be published online by the NCGLT.

In 2019, the NCGLT will be doing audits.

Action: Everyone is to look at these forms and revert to NCGLT with any suggested changes. Otherwise, these forms will be reviewed again in September. NCGLT will send finalised forms to Complaints Managers to be used from 1st May.

(c) Complaint case study presentation rota for 2018

Presenters were identified for the June and September meetings.

(d) Ombudsman Action Plans – Working Group on Evidence Based Compliance Assessment

The idea of establishing subset groups from this group was discussed in relation to examining what is the evidence being used to determine compliance. One group would be needed for Hospital Groups and one for CHO's. Celia suggested maybe nominating Complaints Officers or staff working on the ground in relation to working on this.

Action: Each Complaints Manager to think of staff who could be nominated for this.

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Any other Business:

Voluntary Agencies

Voluntary Agencies now send back their stats to the NCGLT on a quarterly basis. They must have developed complaints policies in line with ours. National agencies send theirs to the NCGLT to check them and other agencies send them back to their local Consumer Affairs Dept to check. Consumer Affairs would then give them a review date and also a deadline for any changes that need to be made.

Action: All Presentation Slides & materials from today's meeting will be circulated to members.

Date of Next Meeting:

The next meeting will take place on **Monday 11th June 2018.**